

MANUAL AIRBILL

Date of shipment: 6-27-02

Recipient: Dr. K. Weber

Company Name: Townsend & Townsend & Crew
☐ COMMERCIAL or ☐ RESIDENTIAL

Street Address: Two Embarcadero Center, Eighth Floor

Suite Number: _____

City, State, Zip Code: SAN Francisco, CA 94111-3834

Telephone #: 415-576-0200

☐ Client/Matter #: 018733/1059

☐ Personal Shipment 999999/8888

DHL	FED	UPS	US POSTAL
<input type="radio"/> International	<input type="radio"/> 8:00 am		<input type="radio"/> First Class
<input type="radio"/> Domestic	<input type="radio"/> Priority		<input checked="" type="radio"/> <u>100</u>
<input type="radio"/> Same Day	<input type="radio"/> Standard		<input type="radio"/> Mail
	<input type="radio"/> 2-Day		<input type="radio"/> ed
	<input type="radio"/> Saturday		<input type="radio"/> ered
	<input type="radio"/> Same Day		
	<input type="radio"/> International	<input type="radio"/> Saturday	
		<input type="radio"/> Same Day	

06/27/02 R# 556 Pkg#
Pmt: 1 Trk# 7534847390
DHLP 00 0 0 15.09
Wt: 2.00 lb

Number of Packages: <u>1</u>	Tracking #: _____
Weight of Package: _____	Tracking #: _____
Declared Value: _____	Price: \$ _____

☐ Call First to confirm pricing @ EXT. _____

Processor Initials: _____

RETURN TO: C. Gill